PTO/SB/22 (09-06)
Approved for use through 03/31/2007. OMB 0651-0031
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| PETITION FOR EXTENSION OF TIME UNDER 37 | Docket Number (Optional) | | | | | | | | |
|---|--|--------------------------|-------------------|--------------|--|--|--|--|--|
| FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 20 | 1920-0128PUS1 | | | | | | | | |
| Application Number 10/518,552-Conf. #0 | Filed December 22, 2004 | | | | | | | | |
| For METHOD AND ARRANGEMENT FOR AUTOMATICALLY VERIFYING IDENTITIES OF MILK PRODUCING ANIMALS | | | | | | | | | |
| Art Unit 3644 | | Examiner | S. C. Alimenti | | | | | | |
| This is a request under the provisions of 37 CFR 1.136 identified application. | | | | , | | | | | |
| The requested extension and fee are as follows (check | | | opriate fee below | /): | | | | | |
| | Fee *400 | Small Entity Fee \$60 | \$ 120.00 | 1 | | | | | |
| X One month (37 CFR 1.17(a)(1)) | \$120 | · | · - | , | | | | | |
| Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ | _ | | | | | |
| Three months (37 CFR 1.17(a)(3)) | \$1020 | \$ 510 | \$ | _ | | | | | |
| Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ | | | | | | |
| Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ | _ | | | | | |
| Applicant claims small entity status. See 37 CFR 1.27. | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| <u></u> | Payment by credit card. Form PTO-2038 is attached. | | | | | | | | |
| The Director has already been authorized to charge fees in this application to a Deposit Account. | | | | | | | | | |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-2448 . I have enclosed a duplicate copy of this sheet. | | | | | | | | | |
| | | , ,, | | | | | | | |
| Lom the | | | | | | | | | |
| I am the applicant/inventor. | | | | | | | | | |
| assignee of record of the entire Statement under 37 CFR 3. | interest. See 37 73(b) is enclosed | . (Form PTO/SB/96). | | | | | | | |
| x attorney or agent of record. Re | | | | | | | | | |
| attorney or agent under 37 CFF | 2 1 34 | | | | | | | | |
| Registration number if acting und | | | · | | | | | | |
| On lett | | January | 4, 2007 | | | | | | |
| Signature | | | ate | , | | | | | |
| James M. Slattery | | (703) 2 | 05-8000 | _ | | | | | |
| Typed or printed name | | Telephon | e Number | | | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | | | | | | |
| Total of 1 forms are submit | tted. | | | | | | | | |

01/05/2007 SZEWDIE1 00000035 10518552

01 FC:1251

120.00 OP





PTO/SB/17 (07-06)

Approved for use through 01/31/2007. OMB 0651-0032

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| ″ [| | | | Complete if Known | | | | | | | |
|--|--|-------------------------------|---------------|--------------------------------------|--------------|--|--------------|--------------|--|--|--|
| 1 | Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2006 | | | Application Number 10 | | 10/518,552-Conf. #008430 | | | | | |
| | | | | | | December 22, 2004 | | | | | |
| 1 | | | | First Named Inv | Anders Umegå | Umegård | | | | | |
| ļ | | | | Examiner Name S. C. Alimen | | | | | | | |
| | Applicant claims small entity st | Art Unit 3644 | | | | | | | | | |
| TOTAL AMOUNT OF PAYMENT (\$) 120.00 | | | | Attorney Docket No. 1920-0128PUS1 | | | | | | | |
| METHOD OF PAYMENT (check all that apply) | | | | | | | | | | | |
| ١ | X Check Credit Card Money Order None Other (please identify): | | | | | | | | | | |
| ١ | Deposit Account Deposit Account | nt Number: 02-2448 De | eposit Acc | ount Name: | Birch, St | ewart, Kolasch | & Birch, Ll | _P | | | |
| ١ | For the above-identified de | posit account, the Dir | rector is | hereby authorize | ed to: (che | ck all that apply) | | | | | |
| ١ | Charge fee(s) indicat | ed below | | Charge | e fee(s) in | dicated below, ex | cept for th | e filing fee | | | |
| | Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | | | | | | | | | | |
| t | FEE CALCULATION | | | * | | | | | | | |
| ŀ | 1. BASIC FILING, SEARCH, AND | EXAMINATION FEE | s | | | | | | | | |
| ł | | FILING FEES | | ARCH FEES | EXAMI | NATION FEES | | | | | |
| ١ | Application Type Fee | Small Entity (\$) Fee (\$) | Fee (\$ | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fees P | aid (\$) | | | |
| ١ | Utility 30 | | 500 | 250 | 200 | 100 | | | | | |
| ١ | Design 20 | | 100 | 50 | 130 | 65 | | | | | |
| ١ | Plant 20 | | 300 | 150 | 160 | 80 | | | | | |
| ١ | Reissue 30 | | 500 | 250 | 600 | 300 | | | | | |
| ١ | Provisional 20 | | 0 | 0 | 0 | 0 | | | | | |
| ١ | 2. EXCESS CLAIM FEES | , | | | | | - 3 | Small Entity | | | |
| ١ | Fee Description | | | | | | Fee (\$) | Fee (\$) | | | |
| ١ | Each claim over 20 (including Rei | ssues) | | | | | 50 | 25 | | | |
| ١ | Each independent claim over 3 (in | cluding Reissues) | | | | | 200 | 100 | | | |
| ı | Multiple dependent claims | | | | | | 360 | 180 | | | |
| ١ | Total Claims Extra Claims | Fee (\$) | Fee F | Paid (\$) | <u>M</u> | lultiple Depende | nt Claims | | | | |
| 1 | 20 = | | | | <u>F</u> | <u>ee (\$) </u> | ee Paid (\$) | ! | | | |
| I | HP = highest number of total claims paid | | _ | | | | | _ | | | |
| ١ | Indep. Claims Extra Claims | Fee (\$) | Fee F | Paid (\$) | | | | | | | |
| ١ | 2 - 3 = HP = highest number of independent clair | x = = | 3 | | | | | | | | |
| ١ | | is paru ior, ii greater trair | J. | | | | | _ | | | |
| | 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | | | | |
| | Total Sheets Extra She | | - | dditional 50 or frac | tion there | of Fee (\$) | <u>Fee P</u> | aid (\$) | | | |
| - 100 = /50 (round up to a whole number) x = | | | | | | | | | | | |
| | 4. OTHER FEE(S) Fees Paid (\$) | | | | | | | | | | |
| ļ | Non-English Specification, \$130 fee (no small entity discount) | | | | | | | | | | |
| | Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00 | | | | | | | | | | |
| SUBMITTED BY | | | | | | | | | | | |
| ŀ | Signature Toms | - ACH | تر ا | Registration No. (Attorney/Agent) | 28,380 | Telephone | (703) 205 | i-8000 | | | |
| ŀ | Name (Brint/Type) James M. Slatte | 200 | $\overline{}$ | \ | | Date | January 4 | . 2007 | | | |